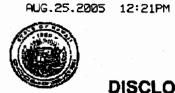
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## HAWAII STATE ETHICS COMMISSION DISCLOSURE OF FINANCIAL INTERESTS (SHORT FORM)

NAME (Last, First	, Middle)		STATE POSITION HELD: (Depubly or E	eard/Commission)
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1 (1)	or number 1 or 2. If you		provide the relevant information.  Y LAST FILING	
FOR EAC SPOUSE dependent of	H ITEM, DISCLOSI AND DEPENDENT	E ADDITIONS, D CHILDREN. USI at interests of the spo	PORT SINCE MY LAST FILING. ELETIONS, OR CHANGES IN INTE THE ABBREVIATIONS: "F" for filer, "SP" use and filer. Use "A" for any additions in it	for spouse, "DC" for
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F, SP, DC, JT	A,D,C	

CERTIFICATION: I have reviewed my previous Disclosure of Financial Interests Statements filed with the Hawaii State Ethics Commission and all succeeding amendments. I hereby certify that the above is a true, correct, and complete statement to the best of my knowledge and belief of my currently reportable financial interests and that there have been no other changes in my reportable financial interests since my prior reports were filed. If I have a spouse and/or dependent children, I also hereby certify that I have included their interests on this form to the best of my knowledge and belief. I understand that it is a violation of State law, chapter/84, HRS, if information is not disclosed as required by chapter 84, HRS. I further understand that there are statutory penalties for noncompliance.

SIGNATURE (Note: This filling is not valle without a signature.)

DATE

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